



Offer of Modified Assignment (Limited Duty)

Section I - Employee Information

Employee Name <i>(Last, first, MI)</i>	EIN	Date of Offer
Employee Position Title <i>(Permanent)</i>	OCC Code	Pay Location
Office/Work Location <i>(Name)</i>	OWCP Claim #	Date of Injury

Section II - Modified Assignment Offer

This letter is written confirmation of a modified assignment offer related to the above referenced on-the-job injury.

Work Hours	Scheduled Days Off	Location	Effective/Available Date
Assignment Title	Level/Step	Salary	

The duties of this modified assignment are:
(It is not acceptable to use other duties as assigned)

Avg. Time Spent

LDC/OPN

<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

(Provide attachment if additional space is necessary.)

The physical requirements of this modified assignment are:

Avg. Time Spent

<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

(Provide attachment if additional space is necessary.)

Section III - Agreement and Signatures

Supervisor/manager should discuss this Offer of Modified Assignment (Limited Duty) and the duties of the assignment with the employee. If the employee has concerns (e.g., task, work location, or medical limitations) not addressed with this Offer of Modified Assignment (Limited Duty), the supervisor/manager should discuss the concerns with the employee and, if possible, suggest alternatives. If the employee raises additional medical issues such as a disability or seeks a reasonable accommodation, the supervisor/manager, must engage in an interactive discussion with the employee (see Handbook EL-307, *Reasonable Accommodation, An Interactive Process*”, for specific guidance). These discussions must be documented on page 2, Section IV of this form.

Name of Supervisor/Manager Completing this Form <i>(Please print)</i>	Office
Supervisor/Manager Signature	Date Signed
	Telephone Number <i>(Include area code)</i>

_____ I accept/ _____ I refuse the modified assignment offer: *(Explain)*_____

Please read the reverse of this form to obtain additional information relating to this modified assignment and to review our privacy statement.

Employee Signature	Date Signed
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Employee Name (<i>Last, first, MI</i>)	EIN	Date of Offer
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Employee Information - Offer of Modified Assignment (Limited Duty)

This assignment will remain within the physical restrictions furnished by your treating physician. You are advised not to exceed these restrictions. This assignment is currently available and is subject to revision based on changes in your physical restrictions and/or the availability of adequate work. If a revision is necessary, you will be given a revised written modified assignment. Indicate your decision in the appropriate box located at the bottom of the assignment offer. If you refuse this modified assignment offer, the Office of Workers' Compensation Programs (OWCP) will be advised for whatever action they deem appropriate.

This modified assignment offer has been prepared and is offered to you in accordance with guidelines outlined in the *Employee and Labor Relations Manual*, Part 540, and 20 CFR Part 10. If you have any questions regarding this matter, please contact your designated Health and Resource Management Control Office.

Privacy Act Statement:

Your information will be used to offer a modified assignment. Collection is authorized by 39 U.S.C. 401, 410, 1001, 1005, and 1206.

Providing the information is voluntary, but if not provided, we may not process this modified assignment offer. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the US Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; to your private treating physician and to medical personnel retained by the USPS to provide medical services in connection with your health or physical condition related to employment.

IV. Documentation